

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

8/196154

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 23 | minus 20 = 3 |
| INDEPENDENT CLAIMS | — | minus 3 = — |
| MULTIPLE DEPENDENT CLAIM PRESENT | | Improper |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|--------------|-----|-------------------------|
| RATE | Fee | RATE |
| | | |
| OR | | 660 |
| x\$11= | | |
| x38= | | |
| +120= | | |
| TOTAL | | TOTAL 726 |

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total | 25 | Minus | 23 | 2 |
| Independent | — | Minus | — | — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE | ADDITIONAL FEE | RATE |
| | | |
| x\$11= | 22 | x\$22= |
| x38= | — | x76= |
| +120= | — | +240= |
| TOTAL ADDIT. FEE | 22 | TOTAL ADDIT. FEE |

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total | 28 | Minus | 25 | 3 |
| Independent | 12 | Minus | 3 | 9 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| x\$11= | 32.00 | x\$22= | 72.00 |
| x38= | 351.00 | x76= | 702.00 |
| +120= | — | +240= | — |
| TOTAL ADDIT. FEE | 383 | TOTAL ADDIT. FEE | — |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total | — | Minus | — | = |
| Independent | — | Minus | — | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| x\$11= | | x\$22= | |
| x38= | | x76= | |
| +120= | | +240= | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

.. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 .. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 .. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 01 Feb 95

2 Serial/Patent # 08/196154

| | | | | |
|---|---|-------------------------------------|-----------------------|------------------|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input checked="" type="checkbox"/> | Other <i>extra claims, multiple fee</i> | | | \$ <u>438.00</u> |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>438.00</u> | |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | Treasury Check | | |
| <input checked="" type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | |
| <input type="checkbox"/> | Duplicate Payment | <input type="checkbox"/> | <u>03-3125</u> | |
| No Fee Due (Explanation): | | <i>Improper multiple claims</i> | | |
| 11 REFUND REQUESTED BY: <u>CAB</u> | | | | |
| TYPED/PRINTED NAME: <u>Charissa A Burt</u> | | TITLE: <u>Paralegal</u> | | |
| SIGNATURE: <u>Charissa A Burt</u> | | PHONE: <u>305-37734</u> | | |
| OFFICE: <u>PCT</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>2/17/96</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B